PRINTED: 10/26/2021 FORM APPROVED

Hawaii Dept. of Health, Office of Health Care Assurance
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			A. BUILDING.							
		125055	B. WING		10/08/2021					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
HI'OLANI CARE CENTER AT KAHALA NUI HONOLULU, HI 96821										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
4 000	Initial Comments		4 000							
	of Health Care Assur October 07, 2021. T substantial compliand B. Upon entrance, th	was conducted by the Office ance on October 05, 2021 to he facility was not in ce with 42 CFR 483 subpart here were 8 residents. Of the beds, 20 were Medicare								
4 159	11-94.1-41(a) Storag	e and handling of food	4 159		10/15/21					
	(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.									
	above the floor in a v	e food items shall be stored entilated room not subject astewater backflow, or idensation, leakages, in; and								
	()	foods shall be stored at the to conserve nutritive value ilage.								
	record review, the factor serve cold food at apprelates to food safety practice has the poteresiding in the facility. Foods not held at appromote the growth of foodborne illness. Findings Include: During an observation five cartons of thickets.	ns, staff interview, and cility failed to prepare and propriate temperatures as it requirements. The deficient ntial to place residents at risk for foodborne illness. propriate temperatures may of pathogens that cause		The procedure of placing containers of thickened juice were updated to include keeping the ice bath refreshed with notice, and keeping the thickened bevera in the refrigerator until just prior to ser The juice machine vendor was called provide servicing to the juice machine ensure that the appropriate temperature maintain while the juice is in the machine and at the time of dispensing The Dining Supervisor will conduct datchecks of the juice temperatures. The Executive Check, Director of Dinit Services, Dining Supervisor and	de ew ages ving. to to ares					
	h Care Assurance	SUPPLIER REPRESENTATIVE'S SIGNATURE	•	TITLE	(X6) DATE					

Electronically Signed 10/25/21

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		125055	B. WING		10/08/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE. ZIP CODE	
		4389 MA	LIA STREET	,	
HI'OLANI	CARE CENTER AT KAH	ALA NUI HONOL	ULU, HI 96821		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
4 159	Continued From page	e 1	4 159		
	The Dietary Supervis temperature checks of juice and thickened at the surveyor. The thir measured at 44.5 deg thickened apple juice Fahrenheit. The DS in the bin with new icc thickened apple juice 49.8 degrees Fahrenton During an observation in the kitchen service temperature check or machine at the reque orange juice measure Fahrenheit with ice in In an interview with D the DS stated that the machine and the thickened juice is take outside in the ice bin temperature of the thir measured. Only the to juice machine is taken meal service, the thickened juice is taken meal service, the thickened juice machine is taken meal service, and fruit the perature of the properties of the pr	of the thickened cranberry pple juice at the request of ckened cranberry juice grees Fahrenheit. The measured at 50 degrees changed out the melted ice e. At 11:53 a.m. the temperature measured at heit. In on 10/07/21 at 11:57 a.m. area, the DS performed a norange juice from the juice st of the surveyor. The ed at 47.8 degrees the cup. IS on 10/07/21 at 11:42 a.m., a juice from the juice stend juice should be at 41 or lower. The DS stated the en from the fridge and put before meals. The ickened juice isn't emperature of juice from the in before meal service. After kened juice cartons are put and used before the 7 days 10/07/21 at 11:42 a.m., the log of the kitchen service et emperatures of milk, is were measured daily. The on 10/7/21 for lunch was grees Fahrenheit. The		Registered Dietitian will ensure that appropriate temperatures are maintain by spot checking temperatures.	ned

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		125055	B. WING		10/08/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE	
HI'OLANI	CARE CENTER AT KAHA	ALA NUI	LIA STREET LU, HI 96821		
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4 159	Continued From page 2		4 159		
	degrees Fahrenheit and below.				
4 161		cilities, including hot and paper towels adjacent to	4 161		10/11/21
	This Statute is not met as evidenced by: Based on observation and interview, the facility failed to follow proper handwashing techniques as it relates to food safety requirements. Antimicrobial gel (hand hygiene agent that does not require water) cannot be used in place of proper handwashing techniques in a food service setting. Findings Include: During an observation in the kitchen service area on 10/07/21 at 11:22 a.m., a dietary aide (DA) removed and threw away her gloves after placing food trays in the steam table. She then used antimicrobial gel to clean her hands and then proceeded to put on new gloves and plate food. In an interview with the Director of Dining (DOD) in the kitchen on 10/05/21 at 09:00 a.m., DOD stated, kitchen staff wash their hands with soap and water first. They can use hand sanitizer after washing their hands. The deficient practice has the potential to place residents residing in the facility at risk for foodborne illness.			The procedure of placing containers of thickened juice were updated to includ keeping the ice bath refreshed with notice, and keeping the thickened bevera in the refrigerator until just prior to ser The juice machine vendor was called provide servicing to the juice machine ensure that the appropriate temperature maintain while the juice is in the machine and at the time of dispensing The Dining Supervisor will conduct datchecks of the juice temperatures. The Executive Check, Director of Dinit Services, Dining Supervisor and Registered Dietitian will ensure that appropriate temperatures are maintain by spot checking temperatures.	de ew ages ving. to to ures j. iily

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